

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000247845

**Entity Name:** SKYLINE COMFORT LLC

**Current Principal Place of Business:**

1119 S 21ST AVENUE  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

1119 S 21ST AVENUE  
HOLLYWOOD, FL 33020

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LAW OFFICES OF STEVEN M. SINGER PA  
7901 SW 6TH COURT  
305  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name PINHASI, ZOHAR  
Address 1119 S. 21ST AVE  
City-State-Zip: HOLLYWOOD FL 33020

Title AMBR  
Name PINHASI, ZOHAR  
Address 1119 S. 21ST AVE  
City-State-Zip: HOLLYWOOD FL 33020

Title AMBR  
Name YOSEF, ELLI  
Address 1119 S. 21ST AVE  
City-State-Zip: HOLLYWOOD FL 33020

Title AMBR  
Name PISTOLE, JOHN  
Address 1119 S. 21ST AVE  
City-State-Zip: HOLLYWOOD FL 33020

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ZOHAR PINHASI

MGR

01/29/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date